

<i>SERFF Tracking Number:</i>	<i>PNTX-125876095</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance Company</i>	<i>State Tracking Number:</i>	<i>40703</i>
<i>Company Tracking Number:</i>	<i>LTCAR0003510F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>Provider of Services Amendatory Rider</i>		
<i>Project Name/Number:</i>	<i>Provider of Services Amendatory Rider/LTCAR0003510F01</i>		

Filing at a Glance

Company: Penn Treaty Network America Insurance Company

Product Name: Provider of Services SERFF Tr Num: PNTX-125876095 State: ArkansasLH

Amendatory Rider

TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40703

Sub-TOI: LTC03I.003 Other Co Tr Num: LTCAR0003510F01 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer

Author: SPI PennTreatyNetwork Disposition Date: 11/06/2008

Date Submitted: 10/28/2008 Disposition Status: Approved

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Provider of Services Amendatory Rider

Project Number: LTCAR0003510F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Corresponding Filing Tracking Number:

Filing Description:

SUBMISSION

Provider Licensure Amendatory Rider -- AMEND-LIC-PF3-ALP2(Rev)

Provider Licensure Amendatory Rider -- AMEND-LIC-IL5(Rev)

Provider Licensure Amendatory Rider -- AMEND-LIC-SR400(Rev)

Provider Licensure Amendatory Rider -- AMEND-LIC-SS(Rev)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>PNTX-125876095</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance</i>	<i>State Tracking Number:</i>	<i>40703</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>LTCAR0003510F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>Provider of Services Amendatory Rider</i>		
<i>Project Name/Number:</i>	<i>Provider of Services Amendatory Rider/LTCAR0003510F01</i>		

Attached please find the above-captioned amendatory riders, which are intended to comply with Rule and Regulation 13, Section 5, Policy Definitions. Each Amendatory Rider revises the definitions of Nursing Facility, Assisted Living Facility, and, if applicable, Adult Day Care Center by adding an explanation of non-licensure requirements.

The applicable Amendatory Rider will be mailed to all policies issued on or after July 1, 2008 under policy form series PF3-P, ALP2-P, IL5-P, SR400, and SS-NTQ-P.

Also enclosed are the required filing fees and forms.

Our Company appreciates the Department's time and consideration. If you have any questions, please contact me directly.

Anita Small
Analyst, Product and Regulatory Compliance
800-222-3469 ext. 6645

Company and Contact

Filing Contact Information

Anita Small, Analyst	asmall@penntreaty.com
3440 Lehigh St	(610) 965-2222 [Phone]
Allentown, PA 18103	(484) 232-6638[FAX]

Filing Company Information

Penn Treaty Network America Insurance	CoCode: 63282	State of Domicile: Pennsylvania
Company		
3440 Lehigh St	Group Code: 810	Company Type:
Allentown, PA 18103	Group Name: Penn Treaty	State ID Number:
(610) 965-2222 ext. [Phone]	FEIN Number: 23-2603386	

SERFF Tracking Number: PNTX-125876095 State: Arkansas

Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703
Company

Company Tracking Number: LTCAR0003510F01

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other

Product Name: Provider of Services Amendatory Rider

Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Filing Fees

Fee Required? Yes

Fee Amount: \$80.00

Retaliatory? No

Fee Explanation: \$20/form x 4 forms = \$80.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn Treaty Network America Insurance Company	\$80.00	10/28/2008	23515158

SERFF Tracking Number: PNTX-125876095 State: Arkansas
Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703
Company
Company Tracking Number: LTCAR0003510F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Provider of Services Amendatory Rider
Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	11/06/2008	11/06/2008

SERFF Tracking Number:	PNTX-125876095	State:	Arkansas
Filing Company:	Penn Treaty Network America Insurance Company	State Tracking Number:	40703
Company Tracking Number:	LTCAR0003510F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.003 Other
Product Name:	Provider of Services Amendatory Rider		
Project Name/Number:	Provider of Services Amendatory Rider/LTCAR0003510F01		

Disposition

Disposition Date: 11/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PNTX-125876095 State: Arkansas

Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703

Company

Company Tracking Number: LTCAR0003510F01

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other

Product Name: Provider of Services Amendatory Rider

Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Partnership Certification		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Provider of Services Amendatory Rider		Yes
Form	Provider of Services Amendatory Rider		Yes
Form	Provider of Services Amendatory Rider		Yes
Form	Provider of Services Amendatory Rider		Yes

SERFF Tracking Number: PNTX-125876095 State: Arkansas

Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703

Company

Company Tracking Number: LTCAR0003510F01

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other

Product Name: Provider of Services Amendatory Rider

Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AMEND-LIC-PF3-ALP2(Rev)	Other	Provider of Services Amendatory Rider	Initial		42	AMEND-LIC-PF3-ALP2(Rev).PDF
	AMEND-LIC-IL5(Rev)	Other	Provider of Services Amendatory Rider	Initial		44	AMEND-LIC-IL5(Rev).PDF
	AMEND-LIC-SS(Rev)	Other	Provider of Services Amendatory Rider	Initial		42	AMEND-LIC-SS(Rev).PDF
	AMEND-LIC-SR400(Rev)	Other	Provider of Services Amendatory Rider	Initial		41	AMEND-LIC-SR400(Rev).PDF

AMENDATORY RIDER

This Amendatory Rider shall amend policy form series PF3-P, PF3-TQ-P, ALP2-P and ALP2-TQ-P as follows:

- 1) The definitions for Nursing Facility and Assisted Living Facility under the Facility Benefit Section and the Glossary of Terms are amended by adding an explanation of non-licensure requirements to each definition as follows:

Nursing Facility
A facility, or distinctly separate part of a hospital or other institution, which is engaged primarily in providing nursing care and related services to inpatients and which complies with all federal, state and local laws and regulations applicable to nursing facilities including, but not limited to, all licensing requirements. In addition, such facility shall:

- 1) provide 24 hour a day nursing services;
- 2) maintain clinical records for all patients;
- 3) have appropriate methods and procedures for handling and administering drugs and biological materials; and
- 4) comply with all applicable staffing, nursing hour, and/or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for nursing facilities, the following minimum staffing requirements must be met:

The facility must have licensed nursing and nursing assistant staff on duty 24 hours per day. The facility (i) must employ a full-time administrator/director and a full-time registered nurse who serves as the director of nursing (the Director of Nursing may not be the same person who serves as the facility administrator), (ii) must designate a licensed nurse to serve as a charge nurse on each shift, (iii) must have a medical director, either employed by the facility or under contract with the facility, and (iv) must have a contractual agreement with a pharmacy to provide resident medications. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Penn Treaty Network America Insurance Company

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Assisted Living Facility
A facility engaged primarily in providing care to resident inpatients and which is in compliance with all federal, state and local laws and regulations applicable to assisted living facilities including, but not limited to, all licensing requirements. In addition, such a facility shall:

- 1) provide 24 hour a day care/assistance sufficient to meet the daily living needs of individuals with functional and/or cognitive deficiencies;
- 2) provide three meals a day and accommodates special dietary needs;
- 3) have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- 4) comply with all applicable staffing, nursing hour, and /or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for assisted living facilities, the following minimum staffing requirements must be met:

The facility must employ (i) a full-time administrator/director, (ii) a director of nursing, either employed by the facility or under contract with the facility, who is available 24 hours a day and who is a Registered Nurse or supervised by a Registered Nurse or Medical Physician, and (iii) sufficient direct care staff adequately trained to meet the scheduled and unscheduled needs of the residents in accordance with their plans of care and to promote orderly operation of the facility. At least one direct care provider for every 15 residents must be on duty and present in the facility at all times, and such direct care provider shall have current CPR and first aid certification. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

- 2) The definition of Adult Day Care Center in Section 2A: Adult Day Care Benefits and the Glossary of Terms is amended to read as follows:

Adult Day Care Center
A facility which is established to provide Adult Day Care and which complies with all federal, state and local laws and regulations applicable to adult day care centers including, but not limited to all licensing requirements. In addition, such a facility shall:

- 1) operate at least five days per week for a minimum of five hours per day, but is not an overnight facility;
- 2) maintain a written record of medical services given to each client;
- 3) have established procedures for obtaining appropriate aid in the event of a medical emergency; and
- 4) comply with all applicable staffing regulations.

In absence of specific laws or regulations addressing staffing requirements for Adult Day Care Centers, the following minimum staffing requirements must be met:

The center must employ (i) a full-time administrator/director, (ii) an activities coordinator, and (iii) an adequate number of direct care staff that are appropriately qualified and trained to provide the essential services of the center. There shall be a minimum of one direct care staff person for every eight center participants, with at least one direct care staff member certified in first aid and CPR on the premises during the center's hours of operation and on field trips. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Signed for Us at Allentown, Pennsylvania.

A handwritten signature in black ink, appearing to read "Will D. Howard".

President

AMENDATORY RIDER

This Amendatory Rider shall amend policy form series IL5-P and IL5-TQ-P as follows:

- 1) The definition of Adult Day Care Center in Section 2A: Adult Day Care Benefits and the Glossary of Terms is amended to read as follows:

Adult Day Care Center
A facility which is established to provide Adult Day Care and which complies with all federal, state and local laws and regulations applicable to adult day care centers including, but not limited to all licensing requirements. In addition, such a facility shall:

- 1) operate at least five days per week for a minimum of five hours per day, but is not an overnight facility;
- 2) maintain a written record of medical services given to each client;
- 3) have established procedures for obtaining appropriate aid in the event of a medical emergency; and
- 4) comply with all applicable staffing regulations.

In absence of specific laws or regulations addressing staffing requirements for Adult Day Care Centers, the following minimum staffing requirements must be met:

The center must employ (i) a full-time administrator/director, (ii) an activities coordinator, and (iii) an adequate number of direct care staff that are appropriately qualified and trained to provide the essential services of the center. There shall be a minimum of one direct care staff person for every eight center participants, with at least one direct care staff member certified in first aid and CPR on the premises during the center's hours of operation and on field trips. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

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- 2) The definition of Respite Care in Section 3C: Respite Care Benefits and the Glossary of Terms is amended to read as follows:

Respite Care

May be Homemaker Care, Home Health Care, or care provided in a Long Term Care Facility (as previously defined in the Policy to include a Nursing Facility or Assisted Living Facility) or Adult Day Care Center, the purpose of which is to temporarily relieve the primary caregiver.

- 3) The following definitions are added to the Respite Care Benefits in Section 3C as well as the Glossary of Terms:

Nursing Facility

A facility, or distinctly separate part of a hospital or other institution, which is engaged primarily in providing nursing care and related services to inpatients and which complies with all federal, state and local laws and regulations applicable to nursing facilities including, but not limited to, all licensing requirements. In addition, such facility shall:

- 1) provide 24 hour a day nursing services;
- 2) maintain clinical records for all patients;
- 3) have appropriate methods and procedures for handling and administering drugs and biological materials; and
- 4) comply with all applicable staffing, nursing hour, and/or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for nursing facilities, the following minimum staffing requirements must be met:

The facility must have licensed nursing and nursing assistant staff on duty 24 hours per day. The facility (i) must employ a full-time administrator/director and a full-time registered nurse who serves as the director of nursing (the Director of Nursing may not be the same person who serves as the facility administrator), (ii) must designate a licensed nurse to serve as a charge nurse on each shift, (iii) must have a medical director, either employed by the facility or under contract with the facility, and (iv) must have a contractual agreement with a pharmacy to provide resident medications. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Assisted Living Facility

A facility engaged primarily in providing care to resident inpatients and which is in compliance with all federal, state and local laws and regulations applicable to assisted living facilities including, but not limited to, all licensing requirements. In addition, such a facility shall:

- 1) provide 24 hour a day care/assistance sufficient to meet the daily living needs of individuals with functional and/or cognitive deficiencies;
- 2) provide three meals a day and accommodates special dietary needs;
- 3) have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- 4) comply with all applicable staffing, nursing hour, and /or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for assisted living facilities, the following minimum staffing requirements must be met:

The facility must employ (i) a full-time administrator/director, (ii) a director of nursing, either employed by the facility or under contract with the facility, who is available 24 hours a day and who is a Registered Nurse or supervised by a Registered Nurse or Medical Physician, and (iii) sufficient direct care staff adequately trained to meet the scheduled and unscheduled needs of the residents in accordance with their plans of care and to promote orderly operation of the facility. At least one direct care provider for every 15 residents must be on duty and present in the facility at all times, and such direct care provider shall have current CPR and first aid certification. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Signed for Us at Allentown, Pennsylvania.



President

AMENDATORY RIDER

This Amendatory Rider shall amend policy form series SS-NTQ-P and SS-TQ-P as follows:

- 1) The definitions for Nursing Facility and Assisted Living Facility in Section 1: Facility Benefits are amended by adding an explanation of non-licensure requirements to each definition as follows:

Nursing Facility

A facility, or distinctly separate part of a hospital or other institution, which is engaged primarily in providing nursing care and related services to inpatients and which complies with all federal, state and local laws and regulations applicable to nursing facilities including, but not limited to, all licensing requirements. In addition, such facility shall:

- 1) provide 24 hour a day nursing services;
- 2) maintain clinical records for all patients;
- 3) have appropriate methods and procedures for handling and administering drugs and biological materials; and
- 4) comply with all applicable staffing, nursing hour, and/or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for nursing facilities, the following minimum staffing requirements must be met:

The facility must have licensed nursing and nursing assistant staff on duty 24 hours per day. The facility (i) must employ a full-time administrator/director and a full-time registered nurse who serves as the director of nursing (the Director of Nursing may not be the same person who serves as the facility administrator), (ii) must designate a licensed nurse to serve as a charge nurse on each shift, (iii) must have a medical director, either employed by the facility or under contract with the facility, and (iv) must have a contractual agreement with a pharmacy to provide resident medications. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

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Assisted Living Facility
A facility engaged primarily in providing care to resident inpatients and which is in compliance with all federal, state and local laws and regulations applicable to assisted living facilities including, but not limited to, all licensing requirements. In addition, such a facility shall:

- 1) provide 24 hour a day care/assistance sufficient to meet the daily living needs of individuals with functional and/or cognitive deficiencies;
- 2) provide three meals a day and accommodates special dietary needs;
- 3) have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- 4) comply with all applicable staffing, nursing hour, and /or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for assisted living facilities, the following minimum staffing requirements must be met:

The facility must employ (i) a full-time administrator/director, (ii) a director of nursing, either employed by the facility or under contract with the facility, who is available 24 hours a day and who is a Registered Nurse or supervised by a Registered Nurse or Medical Physician, and (iii) sufficient direct care staff adequately trained to meet the scheduled and unscheduled needs of the residents in accordance with their plans of care and to promote orderly operation of the facility. At least one direct care provider for every 15 residents must be on duty and present in the facility at all times, and such direct care provider shall have current CPR and first aid certification. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

- 2) The definition of Adult Day Care Center in Section 4B: Adult Day Care Benefits is amended to read as follows:

Adult Day Care Center
A facility which is established to provide Adult Day Care and which complies with all federal, state and local laws and regulations applicable to adult day care centers including, but not limited to all licensing requirements. In addition, such a facility shall:

- 1) operate at least five days per week for a minimum of five hours per day, but is not an overnight facility;
- 2) maintain a written record of medical services given to each client;

- 3) have established procedures for obtaining appropriate aid in the event of a medical emergency; and
- 4) comply with all applicable staffing regulations.

In absence of specific laws or regulations addressing staffing requirements for Adult Day Care Centers, the following minimum staffing requirements must be met:

The center must employ (i) a full-time administrator/director, (ii) an activities coordinator, and (iii) an adequate number of direct care staff that are appropriately qualified and trained to provide the essential services of the center. There shall be a minimum of one direct care staff person for every eight center participants, with at least one direct care staff member certified in first aid and CPR on the premises during the center's hours of operation and on field trips. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Signed for Us at Allentown, Pennsylvania.



President

AMENDATORY RIDER

This Amendatory Rider shall amend policy form series SR400 as follows:

- 1) The definitions for Nursing Facility and Assisted Living Facility in Section 1: Policy Benefit Provisions is amended by adding an explanation of non-licensure requirements to each definition as follows:

A Nursing Facility is a facility, or distinctly separate part of a hospital or other institution, which is engaged primarily in providing nursing care and related services to inpatients and which complies with all federal, state and local laws and regulations applicable to nursing facilities including, but not limited to, all licensing requirements. In addition, such facility shall:

- 1) provide 24 hour a day nursing services;
- 2) maintain clinical records for all patients;
- 3) have appropriate methods and procedures for handling and administering drugs and biological materials; and
- 4) comply with all applicable staffing, nursing hour, and/or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for nursing facilities, the following minimum staffing requirements must be met:

The facility must have licensed nursing and nursing assistant staff on duty 24 hours per day. The facility (i) must employ a full-time administrator/director and a full-time registered nurse who serves as the director of nursing (the Director of Nursing may not be the same person who serves as the facility administrator), (ii) must designate a licensed nurse to serve as a charge nurse on each shift, (iii) must have a medical director, either employed by the facility or under contract with the facility, and (iv) must have a contractual agreement with a pharmacy to provide resident medications. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

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An Assisted Living Facility is a facility engaged primarily in providing care to resident inpatients and which is in compliance with all federal, state and local laws and regulations applicable to assisted living facilities including, but not limited to, all licensing requirements. In addition, such a facility shall:

- 1) provide 24 hour a day care/assistance sufficient to meet the daily living needs of individuals with functional and/or cognitive deficiencies;
- 2) provide three meals a day and accommodates special dietary needs;
- 3) have the appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications; and
- 4) comply with all applicable staffing, nursing hour, and /or awake and on duty requirements.

In the absence of specific laws or regulations addressing staffing requirements for assisted living facilities, the following minimum staffing requirements must be met:

The facility must employ (i) a full-time administrator/director, (ii) a director of nursing, either employed by the facility or under contract with the facility, who is available 24 hours a day and who is a Registered Nurse or supervised by a Registered Nurse or Medical Physician, and (iii) sufficient direct care staff adequately trained to meet the scheduled and unscheduled needs of the residents in accordance with their plans of care and to promote orderly operation of the facility. At least one direct care provider for every 15 residents must be on duty and present in the facility at all times, and such direct care provider shall have current CPR and first aid certification. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

This rider shall also amend rider form series SR450, if purchased, as follows:

- 2) The definition of Adult Day Care under the Adult Day Care Benefits section is amended to read as follows:

Adult Day Care Center is a facility which is established to provide Adult Day Care and which complies with all federal, state and local laws and regulations applicable to adult day care centers including, but not limited to all licensing requirements. In addition, such a facility shall:

- 1) operate at least five days per week for a minimum of five hours per day, but is not an overnight facility;
- 2) maintain a written record of medical services given to each client;
- 3) have established procedures for obtaining appropriate aid in the event of a medical emergency; and
- 4) comply with all applicable staffing regulations.

In absence of specific laws or regulations addressing staffing requirements for Adult Day Care Centers, the following minimum staffing requirements must be met:

The center must employ (i) a full-time administrator/director, (ii) an activities coordinator, and (iii) an adequate number of direct care staff that are appropriately qualified and trained to provide the essential services of the center. There shall be a minimum of one direct care staff person for every eight center participants, with at least one direct care staff member certified in first aid and CPR on the premises during the center's hours of operation and on field trips. In addition to the foregoing requirements, facility personnel shall at all times be sufficient in numbers and competent to implement evacuation and emergency management plans.

Signed for Us at Allentown, Pennsylvania.

A handwritten signature in black ink, appearing to read "Will D. Hurd".

President

<i>SERFF Tracking Number:</i>	<i>PNTX-125876095</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance</i>	<i>State Tracking Number:</i>	<i>40703</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>LTCAR0003510F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>Provider of Services Amendatory Rider</i>		
<i>Project Name/Number:</i>	<i>Provider of Services Amendatory Rider/LTCAR0003510F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PNTX-125876095 State: Arkansas
Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703
Company
Company Tracking Number: LTCAR0003510F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Provider of Services Amendatory Rider
Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Supporting Document Schedules

Review Status:
Bypassed -Name: Application 10/28/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 10/28/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 10/28/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: LTC Partnership Certification 10/28/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: Certification/Notice 10/28/2008
Comments:
Attachment:
Certification of Compliance.PDF

Review Status:
Satisfied -Name: Readability Certification 10/28/2008
Comments:
Readability Certification
Attachment:

<i>SERFF Tracking Number:</i>	<i>PNTX-125876095</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn Treaty Network America Insurance</i>	<i>State Tracking Number:</i>	<i>40703</i>
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>LTCAR0003510F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
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Readability Certification.PDF

SERFF Tracking Number: PNTX-125876095 State: Arkansas
Filing Company: Penn Treaty Network America Insurance State Tracking Number: 40703
Company
Company Tracking Number: LTCAR0003510F01
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Provider of Services Amendatory Rider
Project Name/Number: Provider of Services Amendatory Rider/LTCAR0003510F01

Review Status:

Satisfied -Name: AR - NAIC TRANSMITTAL DOC,
AR - NAIC FORM FILING
ATTACHMENT

10/28/2008

Comments:

NAIC Transmittal

Attachments:

AR - NAIC TRANSMITTAL DOC.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

PENN TREATY NETWORK AMERICA INSURANCE COMPANY
3440 Lehigh Street
Allentown, PA 18103

TO: Commissioner of Insurance
Arkansas Insurance Department

CERTIFICATION OF COMPLIANCE

I hereby certify that to the best of my knowledge, information, and belief, that the filing submission meets the provisions of Rule & Regulation 19 as well as the requirements of this Department.

October 28, 2008

Date

Certification (AR)



Signature

Karen A. McCloskey,

Asst. V.P., Product and Regulatory Compliance

Typed Name and Title

PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Allentown, PA 18103

READABILITY CERTIFICATION FOR THE STATE OF ARKANSAS

This is to certify that the attached forms which are listed below have achieved the Flesch Reading Ease Score listed for them.

Form	Form Number	Flesch Score
Amendatory Rider	AMEND-LIC-PF3-ALP2(Rev)	41.7%
Amendatory Rider	AMEND-LIC-IL5(Rev)	43.9%
Amendatory Rider	AMEND-LIC-SS(Rev)	42.1%
Amendatory Rider	AMEND-LIC-SR400(Rev)	41.1%

Signed for Company by:

October 28, 2008

Date



Signature


Anita Small, Compliance Analyst

Typed Name and Title

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Penn Treaty Network America Insurance Company 3440 Lehigh St Allentown PA 18103	PA	LTC	0810	63282	23-2603386	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Anita Small 3440 Lehigh St Allentown PA 18103	800-222-3469 Ext. 6645	484-232-6638	asmall@penntreaty.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	LTCAR0003510F01					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>					
9.	Type of Insurance	LTC03I Individual Long Term Care					
10.	Product Coding Matrix Filing Code	LTC03I.003 Other					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate					
		<input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____					
		<u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	10/27/08
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>SUBMISSION Provider Licensure Amendatory Rider -- AMEND-LIC-PF3-ALP2(Rev) Provider Licensure Amendatory Rider -- AMEND-LIC-IL5(Rev) Provider Licensure Amendatory Rider -- AMEND-LIC-SR400(Rev) Provider Licensure Amendatory Rider -- AMEND-LIC-SS(Rev)</p> <p>Attached please find the above-captioned amendatory riders, which are intended to comply with Rule and Regulation 13, Section 5, Policy Definitions. Each Amendatory Rider revises the definitions of Nursing Facility, Assisted Living Facility, and, if applicable, Adult Day Care Center by adding an explanation of non-licensure requirements.</p> <p>The applicable Amendatory Rider will be mailed to all policies issued on or after July 1, 2008 under policy form series PF3-P, ALP2-P, IL5-P, SR400, and SS-NTQ-P.</p> <p>Also enclosed are the required filing fees and forms.</p> <p>Our Company appreciates the Department's time and consideration. If you have any questions, please contact me directly.</p> <p>Anita Small Analyst, Product and Regulatory Compliance 800-222-3469 ext. 6645</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Anita Small</u> Title <u>Analyst</u></p> <p>Signature <u></u> Date <u>10/27/08</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		LTCAR0003510F01
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Provider of Services Amendatory Rider	AMEND-LIC-PF3- ALP2(Rev)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
02	Provider of Services Amendatory Rider	AMEND-LIC-IL5(Rev)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
03	Provider of Services Amendatory Rider	AMEND-LIC-SS(Rev)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
04	Provider of Services Amendatory Rider	AMEND-LIC- SR400(Rev)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Rider			
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	